

9 FAM PART IV Appendix O, 800 REQUEST FOR WAIVERS

(TL:VISA-280; 05-15-2001)

9 FAM 801 AUTHORITY TO GRANT WAIVERS

(TL:VISA-280; 05-15-2001)

INS has sole authority for determining whether or not to waive INA 212(a) ineligibilities for refugees. [See 9 FAM PART IV Appendix O, 403 for appropriate grounds for waiver action.]

9 FAM 802 PROCEDURES FOR REQUESTING WAIVERS

(TL:VISA-280; 05-15-2001)

Requests for waivers for refugees should be sent to the Officer-in-Charge (OIC) of the overseas INS Office with jurisdiction over the case, using Form I-602. If circumstances do not permit forwarding the Form I-602, *Waiver of Ineligibility*, posts should cable the relevant information to the INS OIC responsible for the area of jurisdiction for a decision.

9 FAM 803 SECURITY ADVISORY OPINION IN INVOLUNTARY MEMBERSHIP CASES

(TL:VISA-142; 4-22-96)

Security advisory opinions requesting relief under INA 212(a)(3)(D)(ii) for refugees should be sent to the INS OIC responsible for the area of jurisdiction, with an information copy to the Department, CA/VO/L/C.

9 FAM 804 WAIVERS FOR INA 212(a)(1)(A)(ii)

(TL:VISA-142; 4-22-96)

For refugees who are ineligible under INA 212(a)(1)(A)(ii) because of a mental disorder and behavior or a history of associated behavior which may pose or has posed a threat to the property, safety, or welfare of the alien or others, and who are seeking a waiver therefrom, three documents are required: a copy of the completed Form I-602, the Form OF-157 Medical Examination Report, and the psychiatric or psychological report. Posts must submit them to the Centers for Disease Control (CDC) for medical classification based on the severity of the problem. The address is:

The Division of Quarantine Center for Prevention Services Centers for Disease Control Atlanta, Georgia 30333.

9 FAM 804.1 Evaluation by Health Care Provider

(TL:VISA-142; 4-22-96)

Before requesting a waiver from INS of an INA 212(a)(1)(A)(ii) ineligibility, the post must have received:

(1) A written statement from a health care provider in the United States stating that the refugee will be seen for an initial evaluation within 30 days after arrival in the United States and that a copy of that evaluation will be sent to CDC; and

(2) Confirmation that the sponsoring voluntary agency is aware of the refugee's condition and still agrees to sponsor the refugee.

9 FAM 804.2 Inclusion in Refugee Travel Packet

(TL:VISA-280; 05-15-2001)

Post must include the health care provider's statement and confirmation of sponsorship in the refugee's travel packet [see 9 FAM PART IV Appendix O, 1500 along with a copy of the approved Form I-602, Form OF-157 and all other health information.

9 FAM 805 WAIVERS FOR INA 212(a)(1)(A)(i)

(TL:VISA-280; 05-15-2001)

a. For refugees classified as Class A for infectious tuberculosis, non-communicable for travel, the refugee must complete the front of the Form I-602 waiver application and Statement A on the back of the Form I-602. Statement B must be completed by the health care provider in the United States who agrees to see the refugee for an evaluation after arrival, Statement C must be completed by the refugee's sponsor, and Statement D must be completed by the State or local health officer if Statement B is completed by a private physician or facility. The completed form is returned to the post for referral to the Immigration and Naturalization Service (INS) for approval. The post must include a copy of the approved Form I-602 (front and back), Form OF-157 and all other health information in the refugee's travel packet.

b. For refugees classified as Class A for Hansen's disease or HIV infection, the post must have the refugee complete the front of the Form I-602 waiver application and forward the Form I-602, Form OF-157 and any other supporting medical documents to the Division of Quarantine at the address given in *9 FAM PART IV Appendix O*, 804. The Centers for Disease Control and Prevention (CDC) will affix the appropriate statements for Hansen's disease or HIV infection on the back of the Form I-602 and will return the application to the post. The refugee must complete Statement A, Statement B must be completed by the health care provider in the United States who agrees to see the refugee for an evaluation after arrival, Statement C must be completed by the refugee's sponsor, and Statement D must be completed by the State or local health officer if Statement B is completed by a private physician or facility. The completed form is returned to the post for referral to the INS for approval. The post must include a copy of the approved Form I-602 (front and back), Form OF-157 and all other health information in the refugee's travel packet.